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ECLECTICISM.

BY A. J. HOWE, M. D.

MR. EDITOR: In compliance with your request that I write for your JOURNAL an article on "Eclecticism, as I understand it," the following brief remarks are offered. I make no attempt to exhaust the subject:—

Many years ago I formulated what expressed my ideas of Eclectic principles and practice: "Select what is valuable; reject what is worthless or damaging, and supply what is wanting, in an unprejudiced effort to establish rational medicine." I presume that all will subscribe to the sentiments above expressed, but it is a question whether a prejudice does not often influence the champion of liberal and progressive medicine. In other words, it is easy to be wrong, and hard to be right. Eclectics were once botanics, and denounced "mineral medicines;" but we are pretty nearly over that distinctive feature in therapeutics. We still retain a predilection for medicines of vegetable origin; and the progressive "regular" is pressing botanic agencies to the front. The physiopath is an avowed hater of mineral drugs, yet pre-

scribes iron without alarming compunctions of conscience. The homeopath somewhat inclines to what might be called modern Voodooism: he deals in serpent, scorpion and insect poisons, highly potentizing them. However, a leading feature of prevailing homeopathy is that there exists, as if by divine command, a "reciprocal relation" between a disease and its curative agent, the reciprocity being recognizable by a skilled diagnostician. In the beginning the mystic relation was ascertained tentatively, *i. e.*, by "provings," but at present the therapist ignores the experimental methods of his predecessors, and jumps at conclusions drawn from data already ascertained. Having learned the specific activities of drugs through the experience of those going before, he has only to find symptoms influenced favorably by the proven remedial powers. However, great emphasis is placed upon "likes;" a nauseating drug is to cure nausea; a cathartic is to relieve diarrhea; a headache remedy is one which will, in large doses, produce cephalalgia. That there is something in the "like" theory most of us agree, yet there is so little of it, and it is withal so whimsical, that it is absurd to attempt to build a system of medicine on such a slender foundation. Eclectics have been influenced by the *similia* doctrines, and have been benefited by imitating homeopathic "pharmacies," and perhaps other valuable hints and suggestions, yet there is a marked distinction between Homeopathy and Eclecticism.

When Professor Scudder introduced his particular views of medicine and disease in *Specific Medication*, Eclectics were so unsystematic in pharmacy and therapeutics that they adopted the new method with zeal and general satisfaction. Scudder was the Moses to lead his followers out of the wilderness; and he ruled them as one in authority; there was no appeal from his decisions. Eclectics ought ever to be grateful for what *Specific Medication* has done for them, whether the system be altogether sound or not. Old methods of an objectionable nature were consigned to oblivion, and a spirit of rational inquiry has been awakened. We have some independent thinkers among us who will not admit that one man knows it all, and has authority to exalt or condemn as he may happen to fancy. Besides, is not

medicine progressive? Is not progress our cherished watchword? Is the evidence all in, all the books closed, and no additions or amendments to be made? Caliph Ohmer said of the Alexandrian Library, "If it contain doctrines at variance with the teachings of the Koran it should be destroyed; and if it teach what is in the Koran, a book embracing all good, the matter is superfluous, and should be destroyed!" Now, is there no good in allopathic medicine which we should seek and adopt? Is anti-pyrine to be tabooed because it happens to be introduced by regulars? It seems to me that we should be willing to "seize upon truth wherever found." In short, we cannot afford to be handicapped by the prejudiced opinions of any leader, but live up to our boasted pretensions.

It requires many trials to find out whether a medicine is valuable or not, and in what range of cases it is useful. One trial is not enough, for the conditions may be unfavorable. I can test satisfactorily only three or four new medicinal agencies in a year. It took me two years to ascertain in what cases and in what doses nitro-glycerine could and should be employed. I read what others said, but could not trust implicitly in what all experimenters reported.

The neophyte in medical practice who has been instructed not to use morphine, and especially the hypodermic syringe, would, in a case of angina pectoris, be discharged, and a practitioner of more liberal views called to take the case. Can the graduate of an Eclectic college afford thus to be jockeyed in a professional race?

It is prudent to be cautious in the use of potent drugs, but efficient medicinal agents are not to be discarded because of their potency. Such was the utter silliness of the physiopath. A medicine which can do no harm is incapable of doing any good; at least, such is the rule.

In the supply of what is wanting in the practice of medicine, the ambitious practitioner is not to force into notice everything he may presume to be medicinal, for we have an abundance of worthless stuff already. And let the experimenter go far with his tests before bothering the readers of a medical journal with

his fanciful theories. We are shockingly in need of a better *materia medica*. But, I shall be asked, what is the true method of ascertaining new and valuable ideas? A man who thinks himself a profound philosopher may indulge in fine-spun theories and transcendental speculations, but will never contribute much of value to practical medicine. What is known of aconite, veratrum, digitalis, podophyllum, macrotys, cascara sagrada, thuja and other well-known remedies, was learned *tentatively, experimentally, or empirically*. A medicine at first may be known as such to a *femme sage*—to an old woman—and a doctor catch up what might otherwise be lost, or confined to household practice. Yet no hypothesis would develop the qualities of the drug; tests alone can demonstrate a remedial virtue.

In conclusion, I beg to say that contributors to Eclectic literature are prone to assume that they treat *symptoms* and ignore *names* assigned to classified groups of morbid phenomena. In so doing they claim to be pathologically in advance of those practitioners who adhere to nomenclatures. Well, let us see how this works; the advocate of symptomatology is called to a patron sick as follows: headache, cough, watery and flushed eyes, fever, pains in the back and limbs, and efflorescence of the palate and fauces; what is the matter with the patient? An ordinary physician would group the morbid phenomena and say that they meant *rubeola* or *measles* and perhaps treat the outset of morbid activity as understandingly as the pure symptomologist. So it is with most other well-defined diseases. To assume to differ with those pathologists who adhere to old methods is to exhibit more or less pedantry.

In saying what I have in regard to the topic named at the start, I do not think I shall be regarded as a representative Eclectic, yet I hope to be granted the credit attached to plain speaking.

THAT ARTICLE ON SMALL-POX.

BY JOHN FEARN, M. D., OAKLAND.

THE article I wrote for the March number of the JOURNAL on small-pox has evidently been widely read; letters and comments have reached me from the Pacific Coast, the Atlantic seaboard and one from London, England.

In their comments so far the writers are all opposed to the practice of vaccination, and in the main agree with my propositions, and, so far as I went, with the treatment of the disease. Several of them have offered suggestions as to treatment, which I will call attention to. Of course in my article I dealt with the principles, not the minutiae of practice. I have from different sources gathered points in connection with the treatment of this disease, which would be too voluminous to print, and yet each of these points has merit. In my remarks on treatment I wrote: "A good Eclectic physician finds no trouble as a rule. If we use our sedatives, eliminatives, antiseptics, and antizymotics according to the principles of specific medication, we shall succeed." This covers, in my mind, the whole ground.

But I will call your attention to Dr. Alexander Wilder's reference to the use of fruits, acids, etc. I have known parties who depended, in this disease, on lemon or pot. bitart. This is an old treatment, and one which I am informed, upon very good authority, is not without decided advantages in its favor. I have seen the pot. bitart. used till considerable irritation was produced, both of urinary and alimentary tract. In many sections when small-pox is prevalent it is common to use solutions of pot. bitart. as a prophylactic. And I have known parties who had been exposed to the disease to drink this solution as a preventive; but because a person drinks this solution after exposure, and escapes the disease, we cannot say that the medicated drink prevented it, because, as I said before, many are exposed who never take the disease.

With regard to Dr. Munn's case, who was vaccinated and then had the small-pox, I have this to say from careful observation:

I believe that very much of the "pure bovine virus" is really not *bovine* but small-pox matter passed through the cow, so that a good deal of so-called vaccination is little better than inoculation.

A physician in San Francisco writes me, praising the "*sarracenia purpurea*," common names, side-saddle flower, huntsman's cup, etc. An infusion of this plant, he says, comes nearer a specific in the treatment of small-pox than any other remedy. He says that when the small-pox was epidemic in Philadelphia, Pa., in 1869, the mortality was terrible under the old treatment, but where this remedy was used none died." This may be so, and it may only be a coincidence.

I do not think this plant has any more power over the disease than a score other of our indigenous eliminative plants. I have known lots treated with simple drinks of diaphoretic cooling and tonic infusions, and make good recoveries without other remedies.

A doctor from London, England, writes me stating that he agrees with me as to treatment, etc., also in opposing vaccination. With regard to localizing the eruption, he advises croton-oil liniment to be rubbed on the chest, as also on the lower extremities. This is to be done before the eruption is developed, and then when the eruption appears it will be confined to those parts. He says he has aborted many cases of small-pox by giving an emetic on the first manifestation of headache, drowsiness, acute pains in the loins, etc.

R Pulv. ipecac, grs. xx.
 Tartar emetic, grs. $\frac{1}{4}$.

Followed the next day by a purge of

R Pulv. rhubarb.
 Sulphur sub. and pot. bitart., āā grs. xx.

I give the above quotation as it came to me—whether the above prescriptions will abort the disease is more than I can say. But this I will say, that if properly cared for, small-pox is a disease very amenable to good treatment, a disease in which the mortality should be very low indeed.

Dr. Scudder used to be a great stickler for vaccination. About eleven years ago I heard him give a lecture on small-pox and its

treatment. The lecture was one of the best I ever listened to; the treatment was such as would recommend itself to any person of experience, and the mortality was almost *nil*. I sought an interview with the Doctor after the lecture and said: "Doctor, if we have such a successful treatment for small-pox as you say we have, and I maintain we have, why should we take the risk of vaccination? The Doctor laughed and could not defend his theory.

REPLY TO DR. BISSELL.

BY ALEXANDER WILDER, M. D.

MR. EDITOR: Your correspondent, Dr. Geo. P. Bissell, appears disposed to be very harshly critical of my remarks to Dr. Fearn. I may explain that the letter in regard to small-pox and vaccination, to which he takes exception, was written as a simple expression of my gratification at his declaration of sentiment, and my hearty concurrence with him. I had not thought of its publication, and the attending necessity that it should bristle over with arguments, which adversaries could not refute and would not accept. Besides, I know full well that conviction comes not to men from controversy; though vanquished, they will argue still, and even if silenced outright they will not believe. Man seems rather to be a reasoning animal than a reasonable being.

In regard to the origination of exanthematous disease *de novo*, Dr. Carl Both gives us an example of small-pox so occurring on ship-board. The *Boston Medical and Surgical Journal* some years ago contained a letter in which a case of scarlatina was shown to have no tangible origin. I had the complaint myself in my boyhood, when I had been nowhere in the region of contagion, and nobody for years in that vicinity had had the complaint. Telling this to a friend, himself a physician, he told me that his little daughter contracted the disease in winter, when she had been close at home for months; there had been no case for years in the neighborhood, and no conceivable mode of infection from another person. He lived at the time on a back street in a country school district, with but a single neighbor nearer than a quarter of a mile.

In regard to small-pox and other exanthematous diseases being more or less dangerous according to the patient's condition, I mean simply this: If a man is perfectly sound in body and free from debility, he will contract no contagious or infectious disease whatever. They invade the bodies of the debilitated only. Hence, too, the severity of the attack is proportioned to the condition of the patient's body. The intensity of the contagion is a subordinate matter. The *nidus* in the person, for it to infect, is the greater consideration. There must be a receptive element, a mother as well as a father, for any such morbid principle to act upon. A pure body may be considered as being insulated from contagion, as that of an angel. A man saturated with tobacco, sodden with alcohol, or disordered by unwholesome diet or other causes, will have a habit, or condition, of body that will invite any form of contagion having affinity for such states; and once infected, it will go hard with him. Whatever the disease, it will appear in its worse types.

In regard to the statement of Dr. Bissell that "for two hundred years the ravages of small-pox have been greatly stayed through vaccination," etc., it is an assertion absolutely without proof. In the first case, it is barely a century since the expedient was employed at all; and again, there has been no more mitigation of small-pox than there has been of other contagious diseases. Prior to the eighteenth century, epidemics were deadly to a degree that is not now known; and common candor demands that the credit be given where it is due. The ways of living have been improved; there is more comfort generally enjoyed, and sanitation and hygiene have done much.

Dr. Bissell would have us appeal to the reason and intelligence of the profession and the community. This sounds well. The sentiment is excellent. But I am somewhat of a practical man, as well as a theorist. It is a painful fact, but a fact, nevertheless, that cupidity is a more formidable antagonist to encounter than any actual conviction of the utility of vaccination. There is money to be made by vaccinating; and such an argument is hard to refute. The men of conscience and conviction often seem to be in the minority. If vaccination were not directly or indirectly

a large source of income, it would not be so strenuously enforced.

To-day the practice has no basis in scientific knowledge. It is an empiricism, irrational, as well as useless. Let the people to-day live up to their higher light in this matter, with no attempt at arbitrary compulsion, and the vaccinated would speedily become the minority.

In regard to the relationship between small-pox and cholera, my attention was called to it by the late Dr. Lefaver H. Borden, of Patterson, N. J. He gave examples of one epidemic following close upon the other, in a manner that appeared to me plausible, and very conclusive. Dysenteric patients have pox pustules in their intestines, analogous to those of variola.

If Dr. Bissell will read the publications of anti-vaccinators, he will know their opinions of M. Pasteur. I can give my own. I think his theories and methods to be little else than preposterous humbug, totally unworthy of credit.

When the medical profession become willing to have the whole question of vaccination well ventilated, there will be revolutions. At present almost every medical journal in both hemispheres is sealed hermetically against any free discussion of the matter. There is no argument for it—only sneering and abuse. The secular press is also more or less silent. In many newspapers there is a doctor on the staff who is permitted to suppress everything that is offered. Meanwhile, the party of the gag law use every endeavor, surreptitiously and by other means, to enforce vaccination. This is not only superlatively base and mean, but in the sight of God it is a murderous crime. A man, or a Government, has no more right to rape a pure body with vaccine virus than a ruffian to debauch the person of a maid. The resistance which is justifiable in the one case is equally as justifiable in the other.

It must be remembered that at the time the population of the cities and counties of Europe was but a fraction of what it is to-day, it was the settled policy both of State and Church alike to keep the people ignorant. For century after century the peasantry were little better off than the cattle in the fields. There was no hope or opportunity for the bettering of their lot, no

comprehensive scheme for the avoidance of want, or the resistance of famine. Pestilences occurred almost as regularly as the seasons, and the employment of medical or sanitary measures to arrest or remedy their ravages was taught to be a profane flying in the face of heaven. Bad food, wretched clothing, inadequate shelter, were suffered to produce their work; and at the end of a thousand years the population of Europe had not doubled.

ECHINACEA AUGUSTIFOLIA.

I. J. M. GOSS, A. M., M. D.

(*For botanic description see the author's Materia Medica.*)

I NOTICED in the CALIFORNIA MEDICAL JOURNAL that the editor says that "if the drug merits only one-half the praise given it, it will be a veritable bonanza." Echinacea has proven one of the most certain catalytics (or alteratives, according to the old term) I have tried. I have used it successfully in three cases of mad-dog bite, several cases of syphilis, in all its stages, and in some cases of chronic catarrh, one case of ozena, and many cases of indolent ulcers, in all of which it acts like a charm. In doses of 60 m. it acts as a powerful stimulant to the heart, which makes it a reliable remedy in snake-bite. It quickly eliminates poisons from the blood. It has superior conservative or antiseptic powers. When applied, diluted, in the form of a tincture, to an ulcer, the ulcer is soon cleansed, and begins to heal rapidly. In syphilis, with tincture of oil of gynocardia (chaulmoogra oil), stillingia, corydalis, phytolacca, lappa major sem, xanthoxylum Carolinum and chionanthus, the disease gives way sooner than under any medicine I have tried. In tertiary syphilis I use the iodide of potassium in addition. In old ulcers I cleanse the sore with a five or eight per cent dilution of the tincture, then powder it over with boracic acid twice a day. In ozena I give the tincture in doses of 30 to 60 m. three times a day, and wash out the nares once a day with 5 grs. of permanganate of potash to 1℥ of water, and twice a day with a saturated solution of boracic acid. I recently treated a case of ozena in which ulceration had destroyed

the parts into the soft palate, and much of the nasal mucous tissue. With the above treatment I cured the case perfectly. I saw the woman yesterday, and she is in fine health. I hail Doctor Meyer's remedy as a grand acquisition.

Marietta, Ga.

POSSIBILITY OF DIETETICS.

BY W. I. THAYER, M. D., BROOKLYN, N. Y.

ALL tissue building is the result of the appropriation of a prepared pabulum. All maintenance of a physiological systemic condition is perpetuated by a constant supply of nutrient matter, with a slight exception in the petrous tissues. *These latter tissues are built up once for all!* They cannot be very extensively improved after they have once become fully formed. Hence, if there is a period of time in which they can be made to be strong and flint-like, able to resist many disintegrating influences, towards early decay—which is so very common nowadays—that time should be improved. It is plain that by the petrous tissues we mean the teeth.

If the teeth are organs of any value, it is wise to so build them that they will need less repair than they otherwise would, upon the ground that a sound tooth is infinitely better than one most beautifully stuffed with gold or other foreign substance.

There is a more conservative form of dentistry than that practiced by the dentist, less expensive and much more satisfactory in its results.

It is within the purview—superintendence—of the physician to bring about such dental perfection in his daily contact with his *youngest* patients. The adjective is used to describe the patients.

In a gross analysis of the teeth, we will say that they are composed of *soft-solids* and *calcareous salts*, such as the carbonate and phosphate of lime. The latter salt exceeds the former, in tooth structure, more than ten times.

If the teeth were all of protoplasmic substance, they would be of little worth as commutators of food. It is the inorganic sub-

stances interspersed amongst the soft solids of tooth structure, that makes these organs *firm, dense and strong*.

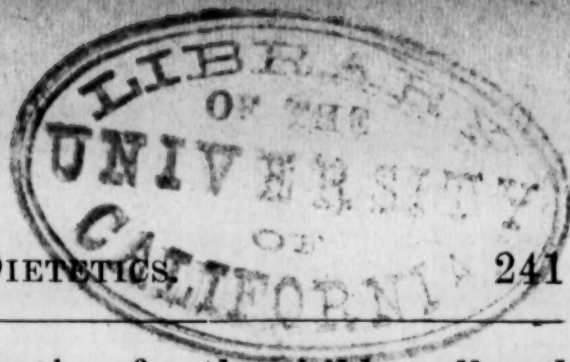
There is but *one* source designed by nature whereby a *sufficient* supply of these calcareous salts can be obtained. That is from the cereals—from the *whole* of the grain, and *not* from its bolted product. The inorganic constituents such as the teeth *require*, lies in the husk, in the *outside* of all our grains. If this is bolted out and thrown away, there can be but one result, so far as the dental organs are concerned: soft, weak, frail and *rapidly decaying teeth!* There is no dodging the inevitable.

The teeth begin to form in the dental groove as early as the sixth week of conception. The mother should supply herself *three* times each day with a liberal amount of these *coarse bread foods*, constructed out of the *whole* of the grain, whether of oat, corn, wheat or rye. If this is done it will do much towards laying a solid and valuable foundation for the coming child's teeth!

If the mother nurses her own child, or obtains a wet nurse—a wet nuisance—the mother or nurse should continue a liberal diet upon the *coarse* grains. The umbilical cord and mammary glands if well supplied with the calcareous salts are potent factors in furnishing a proper pabulum for *all* the growing tissues.

Let me repeat, that “*teeth once built up are built up forever!*” Not so with the rodents, or animals that gnaw. They need no dentist, neither would the human species were they less civilized. No matter how well teeth are filled to prevent farther decay, they would be vastly better did they never require such operations!

There are many children who are so unfortunate as to be deprived of maternal nursing. For these there remains the afore-said wet nuisance, or the bottle. Some children are brought up on diluted cow's milk, but none of them find it easy to dispose of the tough casein found in such food, especially city children and those of a weakened digestive apparatus. It is practically impossible for some children to digest it at all. The writer has met with many such cases. If those who have the care of such infants will partly predigest the cow's milk with pancreatin, so



as to make this pabulum of easy digestion for the child, well and good. But, in one instance, the digestion will be carried too far, and the milk made bitter; in another instance the casein will be but *slightly* digested; and in another, not at all digested. Consequently, the digestive functions of the child will be sadly disarranged, alternating constipation and diarrhea, caused by the varying demands made upon the natural secretion of the digestive tract.

If a child is to be fed by hand, a good and *evenly reliable* artificial food will be found, even much better than poor and indifferent maternal nursing; better, in that *every tissue* demanding support and attention, including the petrous ones—for which we plead—can be most bountifully and uniformly supplied.

But there is a vast difference in nutritive value between the different infant foods now upon the market. There are several different kinds, and we find these prominent distinctions:—

Of fat-producing qualities Mellin's Food has 0.50; Horlick's, 0.60; Imperial Granum, 0.80; Dr. Ridge's, 1.27; Anglo-Swiss, 2.37; Nestle's, 4.66, and Carnrick's Soluble Food, 5.00 per cent.

Of the protein substances—nitrogenous or general tissue builders, save the teeth—we find in Mellin's, 8.34; Ridge's, 8.76; Imperial, 10.73; Horlick's, 10.30; Nestle's, 11.47; Anglo-Swiss, 12.38; Carnrick's Soluble Food, 18.22 per cent of mass.

An important item in an infant food is the ease with which it will digest. This is the ratio of these different foods: Mellin's, 7.38; Ridge's, 7.97; Imperial, 9.55; Horlick's, 10.85; Nestle's, 11.09; Anglo-Swiss, 11.20; Carnrick's Soluble Food, 16.45. Thus it will be seen that the first food is very nearly *two and one-fourth times more difficult to digest than the last one*.

Of these eight foods as petrous tissue builders there is quite as wide a difference in their salts and inorganic constituents: Imperial Granum, 0.37; Ridge's Food, 0.48; Nestle's, 1.75; Anglo-Swiss, 1.95; Horlick's, 2.76; Carnrick's Food, 2.991; Mellin's, 3.00.

Since it is the phosphate of lime that enters so largely in the construction of the teeth over the carbonate, we will add an analysis of these inorganic constituents showing how much lime and phosphoric acid each of the foods contains:—

Imperial Granum, lime, 0.001, phos. acid, 0.167; Ridge's, lime, 0.060, phos. acid, 0.260; Horlick's, lime, 0.060, phos. acid, 0.421; Mellin's, lime, 0.155, phos. acid, 0.583; Nestle's Food, lime, 0.390, phos. acid, 0.630; Anglo-Swiss, lime, 0.520, phos. acid, 0.800; Carnrick's Soluble Food, lime, 0.645, phos. acid, 0.874. It is evident that the last-named food contains a better general balanced condition of its general component parts, and especially for the dental organs, than any of the others.

Upon weaning of the child from breast or bottle it should still continue to have a sufficient quantity of the lime salts administered in its bread supply.

As it is of considerable importance to understand *how long* the permanent teeth are liable to be benefited by proper food it has been found to commence as early as the sixth week of intra-uterine formation and continue till the dentes sapientiæ are erupted.

The eruption of the permanent teeth occur about in this order:

First, or six-year molars from five to six years. These teeth *come back* of all the other temporary teeth. Many persons suppose that the child must lose some of the back temporary teeth before the six-year molars can become erupted. This is not the case, and a supposition founded in error.

Central incisors.....	from	6	to	8	years	of	age.
Lateral incisors.....	"	7	"	9	"	"	"
First bicuspid.....	"	9	"	10	"	"	"
Second bicuspid ...	"	10	"	11½	"	"	"
Cuspids—eye-teeth.....	"	11	"	12	"	"	"
Second, or twelve-year molars...	"	12	"	14	"	"	"
Third molars, dentes sapientiæ...	"	17	"	21	"	"	"

During all this time the teeth can be stuffed with lime salts. But the most effective time is from *early conception* to the twelfth year. The attentive physician can perform an immense amount of good in the above direction.

The food of the mother and the infant are factors of so great

an importance, in determining the construction of the dental organs of the new being, that too much stress cannot be laid upon these two primary and important beginnings in the dietetics of the two individuals.

No one will attempt to dispute the fact that it is necessary to have *appropriate* pabulum for all tissue building. Not even the protoplasm of tooth construction can be supplied from cellulose; neither can the dense and compact tissues be made firm and solid without the appropriate supply of these inorganic constituents, furnished to the fœtus babe, child and youth. If but two periods can be selected, the most important are those of intra-uterine formation and babe life.

A *well-balanced* artificial infant food is considered *infinitely superior* to indifferent maternal nursing. One can know the exact amount of the protein substances—nitrogenous matter—and the calcareous salts that are being fed to the infant, and the results can be predicted with as much certainty as a simple equation.

TREATMENT OF CHOLERA INFANTUM.

BY A. B. BUTLER, M. D.

THE readers of the JOURNAL are indebted to Professor Gere for the following extract upon the treatment of cholera infantum, from a private letter from A. B. Butler, M. D., of Grangeville, this State. Dr. Butler has a wide reputation in his part of the country as an exceptionally successful practitioner, and we commend his opinions to all. The time will soon be here when a good plan of treatment will be in demand, more especially in inland regions, where saline atmosphere does not act as a correction to those external influences which predispose to the disease:—

I treat *cholera infantum* more successfully than I once did (if you will recollect I have spoken to you before of never having treated the disease to my own satisfaction). I now premise my treatment, when the diagnosis is well established, by a time-honored dose of castor oil, in which I add from one-half to two grains of naphthaline, according to the age of the patient.

This I find to be the best antiseptic to the entire intestinal tract I have ever used, usually one dose being all that is needed, but sometimes I repeat it in a day or two if necessary. Having the bowels unloaded by means of the oil, and rendered antiseptic by means of the naphthaline, I am then free to choose whatever class of remedies I think is indicated, and while I know you to be a little skeptical about the use of bismuth subnit., yet I regard it as being one of the safest and most efficient remedies we have in most of the cases. I find two reasons why it sometimes fails to meet our expectations; one is the impurity of the drug, which has got to be quite common, the other is failing to give large enough doses. One of my prescriptions, where I find excessively acid discharges, as indicated by the extreme green color and containing small particles of undigested food (usually milk) is this:—

R Bismuthi subnit., ʒij.
 Lactopeptin, grs. xxjv.
 Sodæ salicylate, grs. xij.
 Misc. Ft. chart, no. xij.

M. Sig.—One every three hours to be given in equal parts of aqua calcis and aqua menthæ piperitæ.

To the above I usually add, ipecac, *q. s.*, either the powder, or sometimes Dover's powder if the pain is severe, quinine inunctions always being used in this climate. You will observe that I give the bismuth in ten-grain doses. This is for a child a year and a half or two years old. The soda salicylate is as indispensable to me in this malady as it is in acute rheumatism (for which it is an undoubted specific *given properly*).

If the tenesmus is very severe and I find it advisable to resort to clysters, I find the following to be the very best recipe I ever used, and one that has never failed me.

R Argenti nitrat, grs. jv.
 Bismuthi subnit., ʒss.
 Mucilaginis acaciæ,
 Aqua destillat., āā ʒij.

M. Sig.—One-fourth to one-half to be used to an injection, and if thought advisable enough laudanum to ease the pain, but I use opium in all forms, very sparingly with children, and much pre-

fer resorting to chloral if necessary to relieve pain. I always administer the clyster myself through a soft rubber catheter passed as high as possible, and I have never had the second injection to fail to give relief, and usually one is all that is necessary. Injections given by ignorant nurses to the little sufferers often aggravate instead of relieving their sufferings.

To allay the thirst I use ice generally, but I find small quantities of salt-water to be much more reliable, though not so grateful to the patient. I positively forbid aliment of any character whatever, until I get control of the discharges, and then very sparingly. I sometimes give them pounded raw beef, and what is still better, the beef powder. If I allow milk at all it is first digested with sufficient pancreatin before giving, and always use lime-water in everything, from beginning to end.

If anything is needed to control the fever aconite is the remedy *par excellence*. Finally I want to say to you that the specifics for the treatment of this malady, as laid down by Professor Scudder, have always been a miserable failure in my hands.

MASTURBATION.

BY JOHN FEARN, M. D., OAKLAND.

IN a leading article in this JOURNAL last month Dr. Webster deals with the subject of masturbation. With regard to the widespread character of this evil, with regard to its pernicious effects on the health of the individual of either sex who falls into its power, I quite agree with the Professor. I believe a tight prepuce should be attended to every time, in fact, I am convinced that it would be better for the boys and the men in after life if the good old Jewish plan of circumcision were carried out in every case. I have for years been a thorough convert to circumcision. I believe that many times galvanism properly applied will relieve a supersensitive condition in any portion of the urethral tract from meatus to sphincter. Moral suasion is an important factor in every case that is treated successfully. In all this I heartily agree with the Professor. But when he says: "Medicines have little if any use here. The devotee of similia or of

specific indications would find that drugs were truly a 'drug in the market,' " I say the Professor is laboring under an hallucination. Probably the day when he wrote that article he had been laboring with a more than usually tight sphincter, till he had for the time being lost his grip. While I do not wish for one moment to underestimate the remedial worth of galvanism in these cases—I know it is a power for good—yet I will venture the assertion that whether we look to the relief of local irritation, which is the immediate provocative cause of the loathsome act, or whether we seek to relieve the series of evils that follow in the train of onanism, galvanism pure and simple will succeed in very, very few cases, while medicine without galvanism, with proper attention to bathing and diet, if you can have the hearty co-operation of the patient, will seldom fail.

Having challenged the Professor's statement as to the uselessness of medicines, it will perhaps be expected that I should, on the other hand, give some reasons for my belief in medicines in such cases. I will do so, and will preface my remarks on the treatment of these cases by saying that it is now more than twenty years since I treated the first victim suffering from this evil. Since that time my opportunities have been many of observing not only the terrible effects of this degrading habit, but also of seeing the beneficial effects of medicine in the very worst of cases.

In the first place I would lay it down as an axiom that you can do nothing unless you get your patient's confidence and inspire him with the hope that you can help him. Amongst specialists in this line there is a class of human vultures who live by preying upon the fears of the poor victim. I have found that my greatest work has been to allay the fears of the patient, and if I can do this I can safely promise assistance.

REMEDIES.—We have some cases where there is great irritation; erections are provoked by the slightest provocation. This erethism not only annoys the patient during the day, but follows him by night, sometimes without but more frequently with emissions. This class are usually plethoric, good feeders; the disease has not seriously demoralized the system. For this erethism I

have found nothing better than the use of the special sedatives, particularly gelsemium, also the bromides, either of sodium or potassium. The dose of these salts need not be large; doses of five and ten grains. Amongst external means in these cases I value very much the hot sitz-bath on retiring; use it say for ten minutes, taking one ten-grain dose of the bromide on leaving the bath; this will relieve the local irritation for that night. But a very large majority of the patients when they fall into the Doctor's hands are in a condition, not of plethora, or so much of irritation, but of *atony*. Many times they are sallow; they are losing flesh; the testicles are pendulous and give one the impression that they are wasting. In many cases the patient is the subject of profuse and very offensive exhalations, especially about the privates. I have seen cases of this kind (two especially) where the patient's company was very objectionable on this account. The appetite is poor or very capricious. The mind is so depressed that the patient becomes gloomy and foreboding. He is shy and retiring; he fancies everybody knows the secret that is destroying his peace and ruining his health. He seeks rest in sleep; his tormentor follows him, giving rise to lascivious dreams, and almost always accompanied with emissions. At first the emissions awake the patient, but after a while he dreams off, as he calls it, and never knows it till he finds the signs of it on awaking in the morning. Even when the case has gone so far, if the patient could only have the moral courage to break away from perpetuating the vile act there would be amelioration without medicine.

But he seems unable to do this. He detests the habit, he swears off, but again and again he falls. What shall we do for these sinners against life and health to save them from insanity or death? Shall we say we can stop these emissions? No! every quack in the country does that. You can tell them that you can, with their help, impart such vigor to the parts concerned that these emissions will become so much less frequent that they will do no injury.

And first amongst curative measures in these cases of relaxation, I place cold water; if the patient can bear it, let the cold sitz-bath be given night and morning. If he cannot stand the cold sitz

let him take the cold sponge-bath all over as soon as he awakes in the morning, sponging the privates, loins and abdomen again on retiring. Now for medicines. To relieve the nervous irritation that prevents refreshing sleep and thus invites bad dreams, I have found nothing better than erythroxyton coca, celery seed, and in some cases valerian. We can use the tinctures or the solid ex. in pill form—the first article I have used since early in the seventies, and like it much.

Next to this nervous irritation leading to insomnia and melancholia, the anorexia, dyspepsia and constipation must be met. I have never found a disease which destroys digestion as this same practice of masturbation. I have rarely seen a case but what constipation was a prominent feature. The patient goes seldom to stool, and when he does he strains till in many cases he passes from the urethra a minute portion of prostatic fluid. This he takes to be semen—and he is very much alarmed. For this atony of the digestive apparatus we can combine solid extract of cascara sagrada with pepsin and in some cases piperin, putting it up in capsules so that one capsule shall be taken after each meal. This will often yield remarkable results; the patient desires food, he digests it, and his bowels move regularly. In the office of my preceptor, over twenty years ago, I saw a patient who had been a masturbator but was trying to break away from the habit. He was a physical wreck; appetite almost *nil*, losing strength all the time, very despondent.

He told his story; he was given good advice. He was assured of help if he would relinquish the habit. Emissions with him were about nightly, the worst I have ever seen. A little simple medicine was given for nearly two weeks; the patient was then put on the use of a compound tincture of Peruvian bark, oak bark, bistort root, gum catechu and capsicum. I could not see anything in the medicine calculated to help, but under its influence the bowels became regular, the appetite improved and the emissions became less frequent. The young man made a good recovery. I have used that prescription many times since and have seen grand results from its use.

The remedy is a powerful stimulant and astringent, and we

can see how by toning up the system it might restrain emissions, but how does it relieve constipation. I answer, By getting a better life to the parts, removing the atony, on which the constipation depends. In these cases where there is a great atony, such remedies are invaluable. But will these meet every case? Certainly not. Where we have the specific indications calling for staphisagria, it is a grand remedy, one of the most frequently called for.

Lupulin, cannabis sativa, scutellaria lateriflora, pulsatilla, penthorum sed., collinsonia can., ptelea trifoliata, rhus aromatica, triticum repens, polymnia uvedalia, and in some cases the chalybeate preparations—these are a few of the remedies for which the intelligent and wide-awake physician finds a good place in the treatment of the troubles that follow in the wake of masturbation. In conclusion, a great many of the cases of so-called seminal losses that come seeking relief are not losses of semen. They are cases of simple prostatorrhea, needing treatment for all that.

CORRESPONDENCE.

THE STATE MEDICAL SOCIETY OF ARKANSAS,)
 OFFICE OF THE SECRETARY, LITTLE ROCK,)
 May 15, 1888.)

EDITOR CALIFORNIA MEDICAL JOURNAL, Oakland, Cal.—*Dear Sir:* In compliance with instructions I transmit herewith the following resolutions adopted at the Thirteenth Annual Session of the State Medical Society of Arkansas, held at Fort Smith, April 25, 26 and 27, 1888, and ordered to be furnished to the American Medical Association, the medical and religious press, and to the State medical societies, soliciting their co-operation in bringing about a correction of these grievous and palpable errors:—

Resolved, That the members of the State Medical Society of Arkansas have for years observed with pain and mortification the patronage given to charlatanism in all its multifarious aspects by the religious press of our country.

Resolved, further and most specifically, That the appearance in religious papers, ostensibly published for the inculcation of truth and morality, of serious homilies on prayer and praise side by side with cures for consump-

tion, cancer, Bright's disease and other incurable ailments to which an editorial indorsement is often given, as well as secret preparations under the cloak of remedies for disease, but really intended for purposes of foeticide and other immoral uses, largely tends to shake the confidence of the profession of medicine in the integrity and purpose of the managers and editors of such journals.

Resolved, further, That it has been the well-known custom of the profession to render services gratuitously to clergymen, which we do not regret, nor do we propose to recall, yet we must assert that the frequent occurrence of indorsements and recommendations of the clergy of peripatetic doctors and advertising charlatans has in many instances been the only reward of our gratuitous services.

Resolved, further, That we are aware that the editors of religious newspapers admit the painful situation in which these advertisements place them, and attempt to excuse themselves by saying that it is necessary to take these advertisements in order to obtain means to conduct their papers; but, in the language of orthodox theology, we would say: "Put behind you that damnable doctrine that we must do evil that good may come."

Resolved, further, That, as a society, we declare that the continued perpetration of the above offenses by some of the clergy and religious press brings harm to the bodies of their constituency, and damages materially their influence upon the thinking class of the medical profession.

Resolved, That the Secretary be instructed to furnish copies of these resolutions to the religious and medical press of the United States, to the American Medical Association, and to the State medical societies, soliciting their co-operation in bringing about a correction of these grievous and palpable errors.

Very respectfully,

L. P. GIBSON, M. D., Sec.

SELECTIONS.

A NEW EMMENAGOGUE.

FROM the time of the American Indians, Blue Cohosh has been used as an emmenagogue and parturient. It is said that they habitually gave decoctions of the root to their squaws when approaching confinement, in order to facilitate labor, and hence the plant is known as Squaw root and Papoose root. Owing to the fact, however, that the emmenagogue principle was associated in the plant with several bitter resins and other substances which made it an unpleasant remedy to take, the drug has never been extensively used by American practitioners.

Messrs. Lloyd Brothers have succeeded in isolating this

emmenagogue principle, and it has been tested by a number of physicians, and has been found often to be a valuable agent in bringing the regular menses, which have been suppressed either by cold or other causes, or which have not made their appearance when they should. The preparation is called Leontin from the old botanical name of the plant, Leontice. It is a white, crystalline glucoside, and in order to make a pleasant preparation Lloyd Brothers have prepared a solution (1 per cent), which is sold under the name, Lloyd's Leontin.

It can be obtained through the wholesale trade in any large city.

A VERY VALUABLE LESSON FOR THOSE WHO USE ANESTHETICS.

R. A., a robust, healthy child, three years of age, was recently brought to me with a cancerous left eye. The attention of the parents was first called to the yellow appearance of the pupil eighteen months before. The gliomatous mass filled the vitreous cavity, distending the pupil, and obliterating the anterior chamber. The eye was injected and painful. The prompt removal of the eyeball was urged as the only means of protecting the child from a painful death. The operation was accepted by the parents, and the enucleation, under chloroform, accomplished after much difficulty, as the sequel will show.

The child was suffering from a bronchial trouble, but that was not deemed an obstacle to the administration of an anesthetic. The patient was placed on the operating-table, his clothing loosened about the neck and chest, and chloroform was inhaled from a towel, folded in conical form, with open top. Deep sleep was soon induced.

When the anesthesia was complete, the operation for the removal of the diseased eye was commenced. The conjunctiva was divided around the cornea, and the tendon of the external rectus muscle was being sought for, when respiration suddenly ceased. The face assumed a death-like pallor, the pulse disappearing at the same time from the wrist. Immediately the child was sus-

pended by the feet, with body and head hanging down at an inclination of seventy degrees, while an assistant volunteered chest-compression for artificial respiration. After a few minutes signs of a feeble respiratory movement were noticed, a slight throbbing of the neck-vessels was detected, and in time the child evinced its return to consciousness by crying.

He was laid on the table, but would not permit the eye to be touched without a twist of the head, evincing great irritability or sensitiveness of the conjunctiva. As the operation had to be completed, I ordered chloroform to be again administered. Chloroform narcosis was very soon re-established, but before I had time to resume the operation the child again stopped breathing, and the pulse disappeared. The body, apparently of a dead child, was once more hung up by the feet, so as to allow blood to gravitate toward the anemic head and brain, but with no further attempts at artificial respiration. Myself and four assistants watched anxiously the pale face, to catch the first evidence of returning vitality. After some minutes I noticed that the large vessels at the root of the neck showed some fullness, then a slight thrill, and after this the first attempt at a thoracic movement appeared. In ten minutes breathing was sufficiently strong to allow the child to cry again, much to the relief of all of us.

Still, the operation which was so imperatively called for, for the future safety of the child—even the saving of its life from the ravages of cancer—was uncompleted. While the father and mother, both present in the operating-room, were pleading for their child, they were made aware by the restlessness of the patient when the eye was touched, that nothing could be done without the child going again to sleep, so I once more ordered the inhalation of chloroform. For the third time chloroform narcosis was promptly established, and was followed very soon afterward by suspended respiration and the disappearance of the pulse. Death now seemed to be complete. Immediately the child was hung up by the feet. The absolute quiet of the operating-room was broken only by the lamentations of the parents. All eyes watched the face of the child. Five minutes seemed an hour, and the ashy lips showed, so far, no response. Soon after this a faint

effort at respiration was observed, which became stronger with each return of the thoracic movements, and the pulse was again felt feebly at the wrist. When respiration seemed established, complete insensibility continuing, I had the child laid upon the operating-table. As soon as the body assumed the horizontal position, the pulse, not yet strong, disappeared from the wrist, and the respiration ceased, necessitating at once a renewal of the suspension. This curious phenomenon of breathing when suspended, and becoming inanimate when the prone position was too early assumed, was repeated two or three times, respectively. For safety—for I was afraid to lay the child down—I was forced to enucleate the eye while the child was suspended with head downward, an awkward position for operating. It was some time, fully a quarter of an hour, after the operation was completed, and the eye bandaged, before I could trust the child in the recumbent posture.

One of my assistants was very anxious to have whisky injected, and had filled his hypodermic syringe for that purpose; but I declined its use, trusting to inversion alone for resuscitation. The final successful issue of this case confirmed my faith in this invaluable method, which I had used successfully on former occasions, and hence confided in it for the protection of the patient through the trying ordeal. In all, the child must have been suspended in the inverted position for fully three-quarters of an hour. After the last suspension no further trouble ensued. The next day the child was so thoroughly himself that he left the hospital with his parents. He was brought back to the dispensary, for inspection, two days afterward, a picture of health.

This case cannot be too carefully studied by surgeons who must continue to use general anesthetics. It is one of a series occurring to me now and then—I am glad to say at long intervals—as the consequence of chloroform inhalation.

I am a strong advocate of chloroform, believing it to be the most available remedy of its class. I recognize it as a powerful agent for evil, but at the same time I believe it to be the best of the general anesthetics. In army life and in civil practice I have had a personal experience of at least ten thousand adminis-

trations, and without a death. For thirty years I have had charge of a surgical hospital service, and my daily use of chloroform has been the subject of public professional observation. Sulphuric ether I have seldom used—not one hundred times in my life, and in most of these instances only to exhibit on patients the effects of the various anesthetics in medical classes at the University of Maryland Hospital Clinic. In the last ten years I have not used it once. For painful operations of very short duration I use the bromide of ethyl, and for all others I use chloroform exclusively.

At the Presbyterian Eye and Ear Charity Hospital of Baltimore City, in which institution I am the surgeon-in-chief, I have used chloroform as often as nine times in one day. The consumption of chloroform in this hospital is computed at hundreds of pounds. A pound of sulphuric ether has never been purchased among the hospital drugs, and it is not administered in the hospital.

My rule of practice has always been to do surgical work with the least possible pain, and to refuse anesthetics to no surgical patient. In the administration of chloroform certain rules are followed. All clothing must be loose around the neck and chest. With adults, an ounce of whisky is given in advance. In the case of persons under thirty years of age this cardiac stimulant is omitted, unless the patient be feeble. In this hospital practice no precautions as to eating can be observed. The clinic is held at two o'clock every day. Patients are frequently sent from the dispensary to the operating-room one hour after they have eaten a hearty meal. If the patient has been admitted into the hospital wards the day before operation, his dinner is withheld.

Chloroform is administered with the patient lying on his back, and as soon as narcosis is induced the pillow is taken from under his head, so that he lies in an absolutely horizontal position. Should snoring occur, indicating some difficulty in pharyngeal breathing, the chin is drawn forcibly upward. This elevation pulls the anterior wall of the pharynx, with the hyoid bone and root of tongue, forward, making for the air a clear and straight passage from the nose into the lungs. By this movement of the

chin respiration becomes immediately quiet and easy. The pulling up of the chin is a much more efficient and convenient means of pulling the root of the tongue forward than by pulling out the tongue with a forceps, as is recommended by some surgeons. It is not always easy at this stage of anesthesia to get into the mouth, as the lower jaw muscles may not be relaxed. A proper tongue forceps is not often at hand, and to tear the tongue substance with sharp-toothed and yet slipping instruments, with the soreness and swelling which subsequently follow, is an abominable practice that should be abolished. The patient's chin and your own hands are always present, and it only needs knowledge of the method to apply it, and to secure prompt and speedy relief.

The instrument used for the inhalation is a towel folded in cone-form, with the apex of the cone open, so as to permit air to mingle freely with the chloroform-vapor. During the administration the face is closely watched by the surgeon. If the ears remain pink, the heart and lungs must work properly; therefore, there is no need for feeling the pulse. Any failure on the part of either of these organs can be seen in the change of the complexion more quickly than it can be felt at the wrist. When the conjunctiva is no longer sensitive, the patient is considered thoroughly anesthetized, and the administration of chloroform is stopped. In eye-work the chloroform administrator must now get out of the way for the surgeon, and therefore the administration of the anesthetic cannot be injuriously continued. Herein lies one great point of safety with the ophthalmic surgeon.

As I have previously stated, I deny chloroform to no surgical patient. Prior to the discovery of cocaine as a local anesthetic, I administered chloroform for cataract extractions, enucleations, iridectomies, squints, lid operations, passing of lachrymal probes, or, in fact, any painful operation whatever, and even for the examination of irritable eyes in children. These patients were of all ages, from infants to octogenarians, and of course represented every condition of disease and health. If restoration to sight could be obtained, operations were performed on the blind regardless of the diseased conditions of other organs. Some patients

were strong and some were very feeble, with lung, heart, and kidney diseases. No pathological lesion in any other part of the body deters me from the use of chloroform should an eye-operation be required.

Cataract patients are usually old; most frequently they exhibit decided senile changes. I suppose an average of sixty years of age would represent this class of patients; seventy, seventy-five, to even eighty-five, ninety and ninety-five, are at times the respective ages; ninety-six is the extreme age at which a successful cataract extraction has been performed under chloroform at the hospital. It is well known that fatty hearts are very frequently found in old subjects in dissecting-rooms. My cataract operations now reach fifteen hundred. Of these, many must have had fatty hearts. Prior to the last two years, before cocaine came into use as a local anesthetic, I gave chloroform in all cataract cases, and therefore must have given it to many patients with fatty hearts.

Very feeble heart pulsation, with irregularity of action, I frequently met with in old patients. With such I always increased the amount of whisky, which I administer in advance of the chloroform inhalation. I consider it much the safer practice to put whisky into the stomach, where it is ready for use if wanted, and where it can do no harm if not needed. I have never had occasion to inject whisky or ether into the rectum or under the skin. The hypodermic syringe forms no part of my chloroforming apparatus.

So far, after thirty years of active surgical life, I can conscientiously say that in no single case have I had cause to regret that I chose chloroform as the anesthetic. I always give chloroform in the presence of physicians—never alone—and most frequently with the whole surgical staff of the hospital present. Had death from chloroform occurred in my practice, it would have received, necessarily, prompt publicity. That I have never had one, and that I have never refused chloroform to any patient received into the hospital for surgical treatment, is a fact well known.

I repeat, that in my long experience I have never had a death from any anesthetic, although I have given chloroform to over

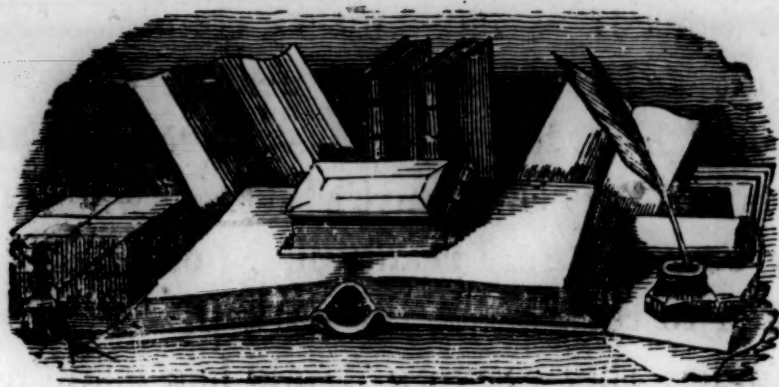
ten thousand persons of varied sanitary conditions; but I freely acknowledge that I have come very near having a fatal ending more than once. I have had four cases of sudden arrest of respiration, with failure of the heart's action, when death would have inevitably been the final result had not prompt and proper means been taken to resuscitate the patient.

Experience under these severe trials has made me a firm believer in the efficacy of inverted suspension for the restoration of life in patients apparently killed by chloroform. I feel convinced, from my own experience with this invaluable method, that many of the dead from chloroform might have been resuscitated had the surgeon hung up immediately by the feet the inanimate body, instead of wasting time in applying hypodermic injections, cold-water splashings, spanking, fanning, electricity, or even attempts at artificial respiration, the remedies which text-books on surgery recommend. Do any or all of these things if you will, but hang up the patient first, and that instantly, as soon as the heart and lungs fail. It is this horizontal position that is fatal in chloroform poisoning, and leads to death if the body is kept in it, as all the reports of fatal cases with chloroform show.

With myself it has become a matter of faith, and in suspension alone I now place my confidence. So far it has served me most successfully. Had I not used suspension in the four cases referred to, most of them, probably all of them, would have died. Then my percentage of fatal cases would have corresponded with the average chloroform mortality; one in twenty-five hundred cases of administration.

By suspended respiration I refer to the complete arrest of all respiratory movements. I do not mean that very feeble state of heart and lung action, accompanied by pallor of face, which frightens so many physicians, and which I know only foreshadows the approaching vomiting. This condition of depression I see with a great many chloroform patients. With me it is only a signal that a basin should be in readiness. I often hear physicians, in giving their experiences, speak of their very narrow escape from a fatal chloroform administration, meaning this stage of depression which one familiar with chloroform, from its daily administration, would almost call normal.

(To be continued.)



EDITORIAL.

The Climate of San Francisco Bay as Perverted.— It is not the purpose here to present an exhaustive dissertation on climatology. We desire to point briefly to what seem to be errors of judgment upon the part of some people in Oakland and vicinity regarding the subject of malarious influence.

There is but the one San Francisco Bay in the world and but one climate to correspond. Draper expatiated upon the superior physical development of the California Indian as compared with that of the Eastern aborigine. Doubtless the builders of Shell Mound were a vigorous and hardy people, for art had made but little progress with them and had not perverted the benignity of the tempered winds and mellow sunshine that hovered about.

To live by the sea-side with the boisterous winds of ocean banished in great measure, to breathe a saline atmosphere warming wintry winds and cooling summer heats, is the superior privilege of dwellers on the Eastern shores of San Francisco Bay; yet that natural climatic advantages are being perverted by the influence of art and estheticism until their sanative effects are neutralized in a great measure, is our belief.

The esthetic Californian possesses a mania for green lawns, and what wonder when the sparseness and poverty of the native grasses, so far as pleasing the eye is concerned, is considered. To possess such a treasure the householder must resort to irrigation from May to November. In such places as Oakland, Alameda and Berkeley, with their environs—residence suburban cities—spread over large areas with many mansion-houses in the midst of spacious grounds, and every cottager sporting his little grass-plot,

besides the numerous plazas, the pride of the public, for the saturation of which each requires a constant attendant, not to mention the sprinkling-carts which patrol the streets, leaving behind a grateful sense of freshness and relief from dust, but followed by a subtle influence for evil—what wonder if we should have malaria to contend with here? There is but one reason that we do not have it manifested in the most pronounced outbreaks, and that is a very natural one, the neutralizing influence of saline atmosphere.

Your old inhabitant will emphatically inform you that there is no malaria here, that such a thing has never been known, and ought he not to know, having been here since the fifties? Dear soul, he little realizes that changes in which his Maker has not been directly interested have gone on in huge proportions since he built his primitive cabin on the sandy stretches of the Oak Lands.

A bevy of writers in the last special edition of the *Oakland Tribune* come about as near the facts. The Health Officer, the Hon. Mayor, Joaquin Miller, John P. Irish, all gentlemen who annually spend a portion of their summers in the mountains, expatiate upon the wonderful health advantages of Oakland, to the complete ignoring of one of its potent sources of disease.

Irrigation cannot be practiced extensively without the generation of the malarious principle. The sea air here modifies this so much that outbreaks of genuine ague seldom occur, though the writer has seen it here in aggravated form. But that malaria prevails here two-thirds of the year is patent to any observer who looks carefully for the periodical manifestations of disease present in all febrile disturbances as well as in many chronic difficulties where pyrexia ought not to be a factor. Preparations of cinchona also are favorite remedies with a large majority of our physicians.

And what is the moral? Landscapes can be made attractive and artistic without being sodded. Let the lawns be graveled and studded with shrubbery capable of thriving with only an occasional supply of water, and let the sodded spaces, so many immense mats of infection, be banished. Let the water with which the streets are sprinkled be drawn from the bay, and thus

enough of the saline element be present to prevent the decomposition requisite to the generation of a disease-producing factor. Then the writing-desk observers of the salubrity of Oakland climate will not need to go away from home in the summer to get fresh air, but can find it about their own doors; and then less-favored neighbors who must toil on through it all will enjoy more of one of the greatest blessings of life, perfect health.

Wine Drinking and Apoplexy.—It is noticeable to almost every observing new-comer on the Pacific Coast that sudden deaths are uncommonly frequent in this country, and that those affected by heimiplegia and other forms of paralysis likely to have been produced by apoplexy are also conspicuously numerous, especially among men far short of the meridian of life, when ordinarily it would not be presumable until the downhill journey had begun. Paralysis in young men who have not been subjects of syphilis is very rare in the East and the question naturally arises in the mind of an Easterner, Why is the disease so frequent here?

Undoubtedly this climate produces relaxation of tissue, there being no rigorous winter weather to harden the fiber, with vigorous exercise and animal food. Fruits are less plenty there, and are therefore a smaller proportion of the diet, while here they occupy a prominent place on the table almost the year round. But, leaving out the question of diet, there seems to be a climatic influence here which tends to active growth of feeble fiber, even the succulent vegetables here are tender and brittle compared with those grown in the Mississippi Valley.

If such propositions were true they would suggest the propriety of an occasional sojourn, say once in two or three years, in the East for a winter to neutralize the debilitating influence of California climate. That they are true in a measure the writer believes. Still we are demonstrating every now and then that California can produce fiber of the highest quality, as evidenced in the victories of Lucky Baldwin's racers, in the numerous contributions to the diamond field of such men as Van Haltren and Borchers, and in the pugilistic ring as Heenan and McAuliffe.

But we must ascribe this to a course of enforced exercise which is not imperative here in order to exist. The climate naturally tends to habits of indolence, which are only avoided by ambitious promptings for active exertion. But this is not our theme.

It is asserted, upon the authority of a medical writer of Germany, that in those parts of Europe where liberal wine drinking is habitually followed apoplexies are most frequent. In Bordeaux, where many persons drink one and a half liters of wine with each meal, there are a great number of apoplexies—more than in any other city in the world. California is a wine-producing and wine-consuming country. Many here drink wine habitually with their meals, while others drink at meal-time and between as well. Intravascular pressure must be much increased in this manner and if there exists a debilitating influence in the wine an after-dinner apoplexy, after a few years of indulgence in such a climate as ours, is easily accounted for.

Eclecticism.—We commend a careful perusal of Professor Howe's article in the present number by all those of our readers who are interested in the query, What is Eclecticism in medicine? We can indorse these propositions most heartily as a whole, though in some minor points contained therein we might slightly differ. We have sought, during our past experience, to throw off prejudice, to ascribe honor to whom honor is due, and to select the best from all sources. Are we competent to do this? Well, that is a question *safely* answered perhaps in the negative, but understanding Eclecticism to mean not only freedom to choose but respect for the choice of others, we have sought to investigate that which promised most for what was needed, and believe we have succeeded better than by following the dictum of any individual. This is a wide world, there are many active minds in it acting in various fields. Perhaps what has astonished us most at divers times has been the success following the investigation of the very things that we had long tabooed as irrational or whimsical.

We have found many things to commend and admire in specific medication, as taught by Professor Scudder, and we have

also found that it is not without its weaknesses. Laud it as we will, we would be but sorry practitioners if forced to stay within its scope in all cases of disease. Eclectics will cast about for something better when that is found wanting. Possibly some younger man will take up the subject and carry it forward to greater perfection. We would be glad enough to see this done, for specific medication is a portion of Eclectic medicine—and a part of which we are all proud—but it is not all. Morrow taught the doctrine of specific medication; Scudder has developed it into more respectable proportions. His indications for the special sedatives and for the antiseptics, especially for the acids and alkalis—the adaptation of remedies to these special conditions—are glory enough for one man, for they place Eclectic practitioners far in advance of all other schools of medicine in ability to manage acute diseases.

But shall we stop and throw up the sponge when the resources of specific medication are exhausted, or shall we fritter away valuable time in attempting to warp every new discovery in therapeutics into shape to fit some preconceived theory or doctrine, or to conform to the views of some authority? The world will go wagging right along when our theories have become as lost to it as the bones of the catacombs. Let us add our unit of fact, and let each discovery teach its own lesson. Let us be diligent in placing ourselves in a position to form rational, intelligent conclusions, and let the future unfold itself while we make the best use possible of all the means at our command to better our condition as dispensers of the healing art, whether the means consist of the instructions of the teachers of medical reform, of specific medication, of homeopathy, or of the regular descendants of Hippocrates and superstition, for all these sources possess some meritorious features, and are liable to unfold more.

We do not need a doctrine or theory in order to progress—better none than cherish an idol to see it finally overthrown. Eclectic medicine must keep clear of saddles and bridles and weights and hampers if it would lead the van in the medical race. Let investigation be the watchword, clinical experience the guiding star, and success the goal.

Spermatorrhea.—We are glad to be able to publish Professor Fearn's article on "Masturbation," for while he should have entitled it "Spermatorrhea," it contains some excellent points which we cannot afford to lose. We are willing to be criticized unreasonably for the sake of so good an article, always.

We would not be understood as objecting to drugs in the management of spermatorrhea, or, in fact, in the management of other of the *results* of self-abuse, though in breaking up the habit we would hardly expect to derive much, if any, benefit from the following of therapeutic indications. We must still plead guilty to a predilection for the slitting operation, followed by galvanization of the prostatic urethra, with a little reasoning. As for the "tight sphincter" we must plead innocence. The reader may have heard the play in which the substantial old English butler placed no reliance upon anything which he did not carry in his "'ead," which he always tapped in a knowing way when referring to a past incident. Someone else's "'ead" must be responsible for the "tight sphincter."

Spermatorrhea is not a difficult condition to control if a proper physiological management of the reproductive apparatus can be maintained. The editor has been well satisfied with his success in the treatment of such cases, and he has employed drugs usually to assist rational manipulation. Nocturnal emissions demand some device by which the patient can be kept from lying on his back when asleep, and some drug to quiet irritability of the nervous supply presiding over the functions of the ejaculatory ducts. Such a drug exists in potassium bromide, of which a full dose should be given at bed-time. Staphisagria does well in a few cases, but it ignominiously fails in the majority; indeed, we doubt its value except to control prostatorrhea. Cimicifuga is a tonic to the male as well as to the female reproductive apparatus. Salix nigra is to be thought of favorably.

The worst cases of spermatorrhea we have ever known of were not the result of masturbation. One very persistent and aggravated case followed a severe attack of mumps with metastasis to the testicle. This case was treated unsuccessfully with

staphisagria, pulsatilla, bromides, cold hip-baths and tonics for six months and finally relieved in short order by vapor baths and general applications of Faradism. Another case somewhat remarkable deserves a more extended description. The patient, a robust young farmer who had been married three or four years, whose sexual relations had been regular and physiological during married life, and who denied the habit of self-abuse during any period of his existence, was prostrated by a severe attack of continued fever. During convalescence, after several weeks of severe illness, he was horrified to find himself the subject of nocturnal emissions, five or six occurring each night, and being attended by prostrating cold sweats. His physician failed to benefit him any during the next six weeks, and his only means of relief seemed to be to dress and sit up all night. The writer was called to this case, and after a number of disappointments, succeeded in arresting the emissions with gelsemium and avena sativa, two valuable remedies in such cases, without doubt. Cold hip-baths, staphisagria, cannabis sativa, and cocoa were tried here without avail.

In irritation about the base of the bladder, whether it be vesical in character or whether the reproductive apparatus alone be involved, gelsemium deserves to be classed with the "specifics," not that it controls irritation of mucous surfaces pronouncedly, but it seems to impress the spermatic and hypogastric plexuses with a steadying influence which promotes return to normal function. As a nerve tonic—a builder after exhaustion of nervous energies—in spermatorrhea, as well as many other cases of nervous debility, the avena is one of the very best remedies known.

It will be observed that we make a distinction between a vicious habit and the debilitating effects of such habit. The habit is the cause, and the debility of the sexual system, and its reflex influence is the result here. Remove the cause and that grand old power, the *vis medicatrix naturæ*, steps in and finishes the work in many cases. But we can help with remedies if necessary, and Professor Fearn's article will be found most excellent reference.

The National Eclectic Medical Association.—Soon after the issue of this number the National will convene in Detroit, Michigan, June 20, 21, and 22, being the appointed days. In a private communication from the worthy Secretary, Dr. Alexander Wilder, we are admonished here to be represented there. The Pacific Coast has never been represented in the National but once, we believe, and that was when the meeting was held in Detroit several years ago. Then Dr. Bundy was the representative man.

It is to be hoped, as the delegation of Eastern Eclectics grows larger in this State, that they will become identified with our State society and manage so that one at a time at least can make it desirable to visit his old home and represent us at the National each year. It would be gratifying to see some Pacific Coast name in every issue of the transactions. There are a number of members of the National on the coast now but it does not seem practicable for anyone to go over and be present at the annual convocation. We believe that the Pacific Coast might add something to the value and interest of the proceedings, as well as derive profit from it, and this is why we continue to refer each year to a seemingly fruitless subject.

Dr. Charles Band.—The editor recently passed a pleasant half hour in the society of this gentleman, who is now in Oakland, and who has spent the past two months or more roaming up and down, finding amusement visiting places of note in California. He expresses himself as much pleased with what he has seen and experienced, and thinks it not impossible that he may take up his permanent abode with us—at least at some point on this coast, and we naturally suppose that he will select Oakland as the choice spot.

Dr. Band is a model Eclectic, in that he has been a man of deeds as well as of words. He has been a substantial benefactor of the National, which receives from him an annual donation of \$100, and though the donor is quite a distance away this year, the customary gratuity will not be found wanting.

Dr. Band is an Eclectic in word, thought, and deed. To him

the reputation and success of our institutions is a matter of individual interest and solicitude. He says Eclectic medicine has made life a success for him, and he desires its future prosperity.

Notice of Removal.—We desire to call especial attention to the change of address of the office of publication. Dr. Maclean should now be addressed at 6 Eddy Street, San Francisco, Cal. Please make a note of this.

EDITORIAL NOTES.

LONDON surgeons are weighing the propriety of removing the bladder in certain cases of cancer and other incurable diseases of that viscus.

FROM the *Coronado Evening Mercury* we learn that F. G. Powers, M. D., was recently elected school Trustee of Coronado in a spirited contest with two other competitors.

ASPARAGUS is a popular Russian remedy for the arrest of metorrhagia, and it has the reputation of being very effectual. It is used in the form of an infusion, a teacupful being taken at a dose morning and evening.

DELPHINUM CONSOLIDA, or larkspur, is used in some portions of the world for the healing of obstinate chronic ulcers, with, it is said, excellent results. A cold infusion administered internally and a decoction of the plant applied externally, is employed in these cases.

WE are in receipt of a pamphlet published by G. E. Potter, M. D., of Johnstown, Pa., relating the author's experience with the Ninth International Medical Congress. It is interesting and instructive, that is, instructive in ways that are dark and tricks that are vain, as regards the manner of the blowing hot and cold in the same breath by the managers of the affair at Washington last year. Dr. Potter should be addressed to obtain the pamphlet.

AN apology is due Professor Wilder from the editor and Dr. Fearn for publishing his private letter, which appeared in the April number. Our excuse is that it was too good to keep, though it possibly subjects him to some criticism which a fuller expression of opinion might have avoided. We are always glad to publish Dr. Wilder's letters, whether they voice our sentiments or not, for we possess a high regard for their source.

WE are informed by the *Eclectic Medical Journal* that Dr. Edwin Freeman came to California for his health. If so his selection of a location was most unfortunate. Irrigating sections of the San Joaquin Valley outdo the historic Wabash in its "shakiest" days in the propagation of malaria. We would not be recreant to the State in which we live, but candor compels us to make the statement. Fresno is a good place for a well doctor but very bad for a sick one.

THE Eclectics of Alabama are making a fight against class legislation in that State. As the law now stands the legal right to practice medicine is vested in an old-school Board, though without doubt the law is void in fact, for there are a number of wide-awake Eclectics in the State who are practicing in spite of legalized opposition. Our physicians there, led by J. W. R. Williams, M. D., propose to agitate the subject until the obnoxious law is repealed.

A WRITER in the *Medical Brief* asserts that the ear-wax of swine is a deadly poison; that the smallest portion on the tongue of a cat or rabbit will destroy life. Partakers of souse prepared from pigs' feet and ears should have this in mind, or, better, the physician should have a knowledge of it, so that the crooked path may be made straight when called to cases of alarming illness in patients who have indulged in so disgusting a dish as pigs' souse. (The writer referred to spells it s-o-u-c-e.)

AT a recent meeting of the Eclectic Board of Examiners of California a resolution to refuse to license physicians holding physio-medical diplomas was adopted. There are good reasons for this move. In the first place the Board is not supposed to be in any better position than the old-school or homeopathic Boards, to judge of the standing of physio-medical colleges. And in the next place there is more reason that the old-school Board should take charge of all those whose tenets are not represented by Boards of their own. The old school is the father of California's medical law. Let it take care of the orphans it creates.

DESPITE the fire, the June issue of the *American Magazine* is an exceptionally brilliant number. The illustrations and letterpress are excellent, and the contents varied and entertaining. Among the notable features is an interesting and finely illustrated paper on "Our Defenses from an Army Standpoint," by Gen. O. O. Howard; Mrs. Gen. John A. Logan contributes a graceful article on "The Art of Entertaining," a subject she is well qualified by experience to handle; and George Edgar Montgomery has a charming paper on "Dickens on the American

Stage," that will be read with much interest by the great army of the distinguished novelist's friends. This article is illustrated by portraits of leading actors, showing their conception of Dickens' characters. The month furnishes Zitella Cocke with the text for a pretty poem, "June." "Barbados: The Elbow Island," is described in an illustrated paper by Dr. William F. Hutchinson.

AFTER all the perfection which the homeopathic materia medica has attained through the law of the "Immortal Hahnemann," leading members of the school are, and have been for a long time past, urging its imperfections and the need of a re-study of the entire subject. At the last annual meeting of the homeopaths in this State Dr. S. Lilienthal read a paper entitled "Imperfections of Homeopathic Materia Medica," and urged the necessity of new and thorough provings. Dr. Burdick thought that two-thirds of the symptoms recorded are unreliable. We venture the opinion that homeopaths may re-study the materia medica many times and get no nearer the facts than they are now. They possess in such works as "Hughes' Manual of Pharmacodynamics," "Burt's Physiological Materia Medica," and "Hale's New Remedies," as good text-books as they will ever possess, barring the addition of new remedies, and these works are all good for the perusal of Eclectics. A class of homeopaths have run mad into infinitesimals and symptomatic indications, to the neglect of the more rational and sensible of their authors upon materia medica.

MISCELLANEOUS PARAGRAPHS.

WITH the evident want of preparation, granting our present defenses their full value, the San Francisco Bay could be entered by an enemy's fleet without meeting with any material opposition. The city and surrounding towns could be shelled; the communications with the interior could be cut off, and irreparable loss would be suffered by the destruction of our naval and military stores at Mare Island and Benicia.—*Gen. O. O. Howard, in American Magazine for June.*

HYGROPHILA SPINOSA AS A DIURETIC.—According to the *British Medical Journal*, July 16, 1887, the *hygrophila spinosa*, or *asteracantha longifolia*, is a prickly herbaceous plant, common in the marshy places in the hotter parts of Ceylon, and belongs to the natural order *acanthaceæ*. Mr. W. A. Jayesingha has recorded the results of his experience with it in the treatment of dropsy in the Government Civil Hospital at Kurunayala, in that island. The entire plant is used. The mode of administra-

tion is to infuse two ounces of the dried plant in half a pint of boiling water for half an hour, and strain; the infusion to be administered in divided doses in the course of twenty-four hours. He reports six cases of anemia in natives associated with general dropsy, in whom this drug was tried; in four with complete cure of the dropsy. Of the remaining patients one left the hospital before the treatment was completed, and the other was deemed too ill to be long submitted to it. Whilst taking the *asteracantha*, the patients showed a considerable increase in the quantity of urine passed, in one case as much as 192 ounces being passed in a day. In this case tincture of digitalis had failed to produce any decided diuresis. The drug was discontinued after a week or ten days, and subsequently its administration was resumed if necessary. The patients were all adult males, and no ill effects are recorded in any of the cases.

SUCCUS ALTERANS (McDADE).

OWING to the claims made by some parties that they obtain this well-known preparation in bulk, it is important that physicians should know that such are false, as we are informed by the manufacturers that Succus Alterans is only put up in pint, round, amber bottles.

This remedy has come into such general use by the profession, that care should be taken to secure the genuine, prepared by Eli Lilly & Co., which has given such good results, and established the reputation it now enjoys.—*Indiana Eclectic Medical Journal*.

MENTHOL TO DEODORIZE IODOFORM.—Cantrelle, pharmacist of Paris, has found, of all the ways devised for hiding the odor of iodoform, the following combination is the best:—

R Iodoform, gr. 15.
Menthol, gr. $\frac{3}{4}$.
Essence of lavender (of best quality), gtt. 1.

In addition, the hands may be washed in water containing a little lavender, brandy, or essence. Cocaine may be added, when instant anesthesia is required, as follows:—

R Iodoform, gr. 15.
Cocaine, gr. $\frac{3}{8}$.

—*Bulletin Général de Thérapeutique*.

SEND FOR SAMPLE.—If any physician who has not yet made a trial of the Lactated Food for infants and invalids, will write us, we will send a package of regular size, post-paid, without charge, with the understanding that it will be given a careful trial as soon as possible.

WELLS, RICHARDSON & Co.,
Burlington, Vermont.

A NEW REMEDY FOR NIGHT-SWEATS.—Dr. Sampson Pope, in a communication to the *Therapeutic Gazette*, calls the attention of the profession to an indigenous drug for the relief of night-sweats. He says: "The remedy is one indigenous to the whole country; it is therefore within the reach of us all; it is the cinquefoil, *potentilla canadensis*, called by some botanists *potentilla sarmentosa*. I have stopped night-sweats with it when atropine failed to relieve. It is pleasant to take; when drawn it has an agreeable odor much like table tea. The manner of preparation is to pour boiling water on a handful of the vine, leaves and root. Let the patient drink *ad libitum*."

A MIDWIFE IN IOWA.—The case was a breech presentation. The midwife pulled upon the scrotum until it was at least six inches long. It was presumed that consultation would have been called sooner had the child been a female. When Dr. W. H. Carter, who related the incident, arrived upon the scene, the old lady seemed puzzled, and said "she did not see what was the matter, that she had the best of the hand-holt, but she did not know what it was."

It is said that this midwife still does a good business under the recent practice act in Iowa.—*Daniel's Texas Medical Journal*.

RED HAWTHORN IN UTERINE HEMORRHAGE.—The root of the *Crataegus Officinalis*, or red hawthorn (Russian, *krasny boiaryshnik*), has been from time immemorial used by the Russian peasantry as an excellent remedy for uterine hemorrhage of all kinds. With the view of testing its value, Dr. E. M. Jdanko, of Piatsgorsk, recently gave ("Proceedings of the Russian Balneological Society of Piatsgorsk," August 29, 1887, p. 35) a very strong decoction of the root to a lady, aged fifty-two, who was suffering from profuse floodings, caused by uterine fibromyoma, for which most of the usual hemostatics had been tried in vain. The use of the hawthorn completely arrested the hemorrhage. Dr. Jdanko therefore suggests that a fair trial should be given to this popular remedy.—*N. Y. Medical Times*.

THROWN FROM HIS HORSE.—DOUBLE FRACTURE OF THE LOWER JAW.—A REMARKABLE CASE.

ON the 29th of August, 1887, I was thrown from a horse and suffered a double fracture of my lower jaw, and was laid up, unable to eat anything but liquid food, for over four months. My physician, Dr. Williams, of San Francisco, had about every variety of patented infants' and invalids' food, which were sent him as samples, by different manufacturers, and I had full op-

portunity to test the different articles. During the four months I tried everything, from beef-tea to M——'s food, and I can state emphatically that your Lactated Food was much superior to anything else. For a while I used the different foods indiscriminately; but finally settled down, and used only yours, and cared for no other, and dropped my beef-tea and eggs entirely. I am not sure that I used your food in the "orthodox" manner, as I used about two or three heaping tablespoonfuls of food mixed with about a quart of milk, after boiling until the first foam was over, and then drinking as soon as sufficiently cooled. I kept fat and hearty on your food, and felt no desire for any other kinds, and the taste was always pleasant, and extremely self-satisfying. All the other foods soon became insipid, and I felt hungry within an hour after eating, but with yours four times a day proved amply sufficient. The fact that your food will support a full-grown man, with nothing else to aid it, speaks volumes for it as a complete food.

Yours very truly,

H. G. WILSHIRE.

Los Angeles, Cal., Jan. 11, 1888.

LAST fall Mr. J. H. Hutchens, a graduate of the College of Pharmacy of New York, formerly a student of the Albany Medical College, and now practicing his profession of pharmacy in this city, was using one of my father's inhalers for nascent chloride of ammonium. Becoming tired of blowing the crystals into his wife's face, she being sick, he took two pieces of cloth, wet one with ammonia and the other with hydrochloric acid, shook the two together, and the room (quite a large one, 18x20x10) was almost immediately filled with the crystals in much greater density than I had ever seen from the inhaler, except after vigorous use. Not long after this I was called from the dispensary to see a sick Italian baby. Found half of the right lung nearly solid. Ordered bisulphate of quinine and iodide of ammonium with fluid extract of licorice. The boy (he was six months old) took one dose and no more. Then obtained a bottle of ammonia and one of hydrochloric acid, two pieces of cloth, and an interpreter, gave full directions, and also ordered tincture of iodine to be painted on chest, and to then wrap in cotton. All was done faithfully, and the child recovered. I am not writing here on the efficacy of the nascent chloride of ammonium in pneumonia, for that has been done before, and I have known my father to take a babe six weeks old through an attack with no treatment but blowing these fine crystals from inhaler so that the babe would breathe them. But this method is so easy and effective that I cannot thank Mr. Hutchens enough for his laziness, as he called

it. One can hold a cloth over the mouth of the acid bottle and impregnate it without getting any on his hands or clothes, and the same for the ammonia. Then simply shake the two cloths together.—*Dr. Cutter, in Albany Medical Annals.*

BOOK NOTICES.

THE INFECTIOUS DISEASES. By Karl Liebermeister, Professor of Pathology and Therapeutics, at Tübingen, Germany, translated and added to by E. P. Hurd, M. D., Newburyport, Mass. Published by George S. Davis, Detroit. Two volumes. Price per volume in paper, 25 cts.; in cloth, 50 cents.

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